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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	norized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
PHARMACEUTICAL CAR	RE MANAGEMENT ASS	OCIATION POLITICAL AC	TION COMMITTEE (PCMA PAC)	
ADDRESS (number and street)	601 PENNSYLVANIA AVEN	IUE NW STE 740		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20004 -	
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲	
C C00388819		S THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C) July 15 Quarterly Report (C)	Report Due On: Mar Apr (c) 12-Day PRE-Flection	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7) Primary (12P) Convention (12C)	(Non-Elec Year Only	ly) O (M12) oction ly) I (YE)
October 15 Quarterly Report (C January 31 Year-End Report (N July 31 Mid-Year Report (Non-election Year Only) (MY)	Q3) YE) Electio	M = M / D = D /	in the State of Runoff (30R) Special	I (30S)
Termination Report (TER)	Electio	n on	in the State of	
5. Covering Period 07		through 09	30 2016	
I certify that I have examined the Type or Print Name of Treasure	Heafitz, Jonathan, , ,	my knowledge and belief it is t	rue, correct and complete.	
Signature of Treasurer Heaf	fitz, Jonathan, , ,	[Electronically Filed]	Date 10 10 2016	
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C.	§ 30109
Office Use			FEC FORM 3X Rev. 05/2016	 [

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a	Cash on Hand January 1, 2016		14372.32
(t	Cash on Hand at Beginning of Reporting Period	10184.35	
(0	Total Receipts (from Line 19)	4882.56	44944.59
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15066.91	59316.91
. То	otal Disbursements (from Line 31)	6750.00	51000.00
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	8316.91	8316.91
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4504.50	
(i) Itemized (use Schedule A)	4581.56	12656.59
(ii) Unitemized	301.00	1288.00
(iii) TOTAL (add	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4 4
Lines 11(a)(i) and (ii)▶	4882.56	13944.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	1 1 1 1 1 1 1 1 1 1	45 45 45
(such as PACs)	0.00	31000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	4882.56	44944.59
Totals to Line 33, page 5)	4662.30	44344.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
rany committees	4	
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	4 4	45
(b) Levin Funds (from Schedule H5)	0.00	0.00
	4 4	4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1	
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	4882.56	44944.59
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	4882.56	44944.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salvinaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	4 4	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	6750.00	51000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	200	0.00
(add Lines 20(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	4 4 4
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6750.00	51000.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6750.00	F4000 00
,	0730.00	51000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4882.56	44944.59
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4882.56	44944.59
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF	13	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

		ttee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	IAGEMENT ASSOCIATION POLITICA	AL ACTION COMMITTEE (PCMA PAC)		
Full Name of Individual (Last, First, Middle Alexander, April, , ,		Date of Receipt		
Mailing Address 2127 California St, NW #		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code DC 20008	Transaction ID : SA11AI.5402		
Washington	DC 20008	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	280.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
PCMA	Sr Director	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	800.00			
Full Name of Individual (Last, First, Middle Bass, Kristin, , ,	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 812 N. Jackson St		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.5406		
Arlington	VA 22201	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	1346.17			
Name of Employer (for Individual) Pharmaceutical Care Mgmt Assoc	Occupation (for Individual) SVP	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.19			
Full Name of Individual (Last, First, Middle Brogan, Tim, , ,	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 2804 9th Street S		09 30 2016		
City	State Zip Code	Transaction ID : SA11AI.5407		
Arlington	VA 22204	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	280.00		
Name of Employer (for Individual) PCMA				
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify)	800.00			
SUBTOTAL of Receipts This Page (optional	l)	1906.17		
TOTAL This Period (last page this line num	*			

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE	7	OF	13
(check only one)								
	×	11a	11b		11c	12		
		13	14		15	16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cosgrove, Andy, , , Date of Receipt Mailing Address 2212 N Quintana Street 2016 City Zip Code State Transaction ID: SA11AI.5408 VA Arlington 22205 Amount of Each Receipt this Period FEC ID number of contributing C 269.22 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **VP Policy PCMA** Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cypra, Clem, , , Date of Receipt Mailing Address 1920 12th Street Unit 2 2016 City State Zip Code Transaction ID: SA11AI.5409 Washington DC 20009 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Heafitz, Jonathan, , , Date of Receipt Mailing Address 2704 Emmet Road 30 2016 City State Zip Code Transaction ID: SA11AI.5410 MD Silver Spring 20902 Amount of Each Receipt this Period FEC ID number of contributing C 280.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Sr Director Receipt For: Aggregate Year-to-Date ▼ Primary General 665.00 Other (specify) 589.22 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	13
	(ch	eck only						
	X	1 1a	11b		11c	12		
		13	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Greg, , , Date of Receipt Mailing Address 16213 Oak Meadow Drive 2016 City Zip Code State Transaction ID: SA11AI.5411 MD Derwood 20855 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Director Federal Affairs PCMA** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Levy, Barbara, , , Date of Receipt Mailing Address 522 N.Alfred Street 2016 City State Zip Code Transaction ID: SA11AI.5414 VA Alexandria 22314 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Assist VP State Affairs and GC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McCarthy, Brian, , , Date of Receipt Mailing Address 1922 37th Street 30 2016 City Zip Code State Transaction ID: SA11AI.5417 DC Washington 20007 Amount of Each Receipt this Period FEC ID number of contributing C 1346.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Assist VP Receipt For: Aggregate Year-to-Date ▼ Primary General 3846.20 Other (specify) 1626.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	9	OF	13		
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	GEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name of Individual (Last, First, Middle Ini McCraw, Anne, , ,	Date of Receipt	
Mailing Address 3802 Fulton S NW	09 30 2016	
City	State Zip Code	Transaction ID : SA11AI.5418
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	320.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
PCMA	Sr Director	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	320.00	
Full Name of Individual (Last, First, Middle Ini Murphy, Katherine, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 1701 16th Street NW		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5416
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer (for Individual) PCMA	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The state of the s
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		460.00
TOTAL This Period (last page this line number	only)	4581.56

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 13				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b				
[
Any information copied from such Reports and Stater or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)				
			,				
Full Name (Last, First, Middle Initial)							
A. EMMER, THOMAS EARL JR., , ,			Date of Disbursement				
Mailing Address PO BOX 998			09 27 2016				
Mailing Address 1 0 BOX 990			00 27 2010				
City	State Zip Code		FEC Identification Number				
ANOKA	MN 55303						
Purpose of Disbursement			C C00545749				
Candidate Name			Transaction ID : SB23.5395				
EMMER FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period				
Office Sought:	nent For: 2016	71	1000.00				
Senate	Primary General						
President State: MN District: 06	Other (specify) ▼		Memo Item				
State: MN District: 06 Full Name (Last, First, Middle Initial)							
B. FRIENDS OF ERIK PAULSEN			Date of Disbursement				
- I KIENDS OF EKIKT AGESEN			M = M / D = D / Y = Y = Y				
Mailing Address P.O. BOX 44369			07 13 2016				
250 PRAIRIE CENTER DRIVE							
City SEDEN PRAIRIE	State Zip Code MN 55344		FEC Identification Number				
Purpose of Disbursement	33344		C				
			Transaction ID : SB23.5350				
Candidate Name		Category/	Amount of Each Disbursement this Period				
Office Occupied		Туре	500.00				
Office Sought: W House Disburser	nent For: 2016 Primary 🗶 General		500.00				
President	Other (specify) General		П.,				
State: MN District: 03	(-)		Memo Item				
Full Name (Last, First, Middle Initial)							
C. FRIENDS OF TODD YOUNG, INC			Date of Disbursement				
Matthew Address BO DOV 1979			M M / D D / Y Y Y Y				
Mailing Address PO BOX 1053			07 13 2016				
City	State Zip Code		FEC Identification Number				
BLOOMINGTON	IN 47402		TEC Identification Number				
Purpose of Disbursement			[C]				
Candidate Name	Candidate Name						
	Category Typ						
Office Sought: House Disburser	nent For: 2016	71: -	500.00				
x Senate	Primary General						
President	Other (specify) ▼		Memo Item				
State: IN District: 00			_				
SUPTOTAL of Dishurasments This Days (autisme)			2000.00				
SUBTOTAL of Disbursements This Page (optional)		······					
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	me and addr	ress of any politica	al committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) A. KOZELL, RICK, , , Mailing Address 353 US HWY 1 #D106	Date of Disbursement 07				
JUPITER Purpose of Disbursement	State FL	· ·		FEC Identification Number C C00579102 Transaction ID : SB23.5372	
Candidate Name RICK KOZELL FOR CONGRESS Office Sought: W House Disburser Senate President State: FL District: 18	Category/ Type Seement For: 2016 Primary General Other (specify) Other (specify)			Amount of Each Disbursement this Period 250.00 Memo Item	
Full Name (Last, First, Middle Initial) B. LAHOOD, DARIN MCKAY, , , Mailing Address 11607 N GLENSHIRE DR	Date of Disbursement 07				
City DUNLAP State IL Zip Code 61525 Purpose of Disbursement Candidate Name LAHOOD FOR CONGRESS Office Sought: X House Disbursement For: 2016 Senate Primary X General Other (specify)				FEC Identification Number C C00575050 Transaction ID: SB23.5366 Amount of Each Disbursement this Period 250.00	
State: IL District: 18 Full Name (Last, First, Middle Initial) C- LONG, BILLY MR., , , Mailing Address 3923 E GLEN ABBEY DRIVE	Other (spec			Date of Disbursement 09 21 2016	
City SPRINGFIELD Purpose of Disbursement Candidate Name BILLY LONG FOR CONGRESS State MO 65809 Category/ Type				FEC Identification Number C C00460063 Transaction ID: SB23.5383 Amount of Each Disbursement this Period	
Office Sought: X House Disburser Senate President	ment For: 2016 Primary General Other (specify) ▼			1000.00 Memo Item	

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SCHEDULE B (FEC Form 3X)	Han name with the first	, FOR LINE	NUMBER:	PAGE 12 OF 13	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orii)] 00	
	Detailed Summary Page		22 x 23 28c	26 27 29 30b	
Any information copied from such Reports and Statem	lents may not be sold or u				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEME	ENT ASSOCIATION	POLITICAL A	CTION COMMITT	EE (PCMA PAC)	
Full Name (Last, First, Middle Initial)					
A. MAST, BRIAN, , ,			Date of Disbursement		
Mailing Address PO BOX 3016	09 / 21	2016			
-	State Zip Code		FEC Identification N	umber	
STUART Purpose of Disbursement	FL 34995		0 000		
r dipose or Disbursement			C C00579896		
Candidate Name	Category/	Transaction ID Amount of Each Dis	: SB23.5380 bursement this Period		
BRIAN MAST FOR CONGRESS		Type			
	nent For: 2016 Primary x General		500.00 Memo Item		
President	Primary x General G				
State: District: Full Name (Last, First, Middle Initial)					
B. PALLONE, FRANK JR, , ,			Date of Disburseme	nt	
	M = M / D = D	/ Y = Y = Y			
Mailing Address PO BOX 3176			09 22	2016	
,	State Zip Code NJ 07740		FEC Identification N	umber	
LONG BRANCH Purpose of Disbursement	Ι	C C00226928			
•	Transaction ID	SB22 5201			
Candidate Name	Amount of Each Disbursement this Period				
PALLONE FOR CONGRESS Office Sought: House Disbursem		1000.00			
	nent For: 2016 Primary 🗶 General			1000.00	
	Other (specify)		Memo Item		
State: NJ District: 06			Memo item		
Full Name (Last, First, Middle Initial)			Date of Disburseme	ot.	
C. TARKANIAN FOR CONGRESS	M M / D D	/ Y Y Y Y			
Mailing Address 3008 CAMPBELL CIRCLE			07 13	2016	
,	Zip Code		FEC Identification N	umber	
LAS VEGAS Purpose of Disbursement					
ruipose di Disbuisement	C	77.00			
Candidate Name	Transaction ID Amount of Each Dis	bursement this Period			
Office Sought: House Disbursem	nent For: 2016	Туре		250.00	
	Primary General		7 7 7		
	Other (specify) ▼		Memo Item		
State: NV District: 00					
SUBTOTAL of Disbursements This Page (optional)				1750.00	
			, , , , , ,		
TOTAL This Period (last page this line number only).					

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CHEDULE B (FEC Form 3X)	Use separate sci	hedule(s)	FOR LINE NUMBER: PAGE 13			
TEMIZED DISBURSEMENTS	for each category Detailed Summar	y of the	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	MENT ASSOCIA	TION POI	LITICAL A	CTION COMMITTEE (PCMA PAC)		
Full Name (Last, First, Middle Initial) A. WALDEN, GREGORY P MR., , ,				Date of Disbursement		
Mailing Address 1504 SHERMAN AVENUE		09 22 / 2016				
City HOOD RIVER Purpose of Disbursement	State Zip Co OR 9703			FEC Identification Number		
Candidate Name	Category/	C C00333427 Transaction ID : SB23.5387 Amount of Each Disbursement this Period				
WALDEN FOR CONGRESS Office Sought: WALDEN FOR CONGRESS Office Sought: WALDEN FOR CONGRESS Disburse Senate	Type	1000.00				
State: OR District: 02	Primary General Other (specify) ▼			Memo Item		
Full Name (Last, First, Middle Initial) YODER, KEVIN, , ,		Date of Disbursement				
Mailing Address 5817 W 100TH TER				09 13 2016		
City OVERLAND PARK Purpose of Disbursement	State Zip Co KS 6620			FEC Identification Number		
Candidate Name Category/				C C00472365 Transaction ID : SB23.5377 Amount of Each Disbursement this Period		
YODER FOR CONGRESS, INC Office Sought: Mail			500.00			
State: KS District: 03 Full Name (Last, First, Middle Initial)				Memo Item		
- ruii Name (Last, Filst, Middle Illidai)				Date of Disbursement		
Mailing Address						
City Purpose of Disbursement	State Zip Co	ode		FEC Identification Number		
Candidate Name Category/				Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate						
Duna side t	Other / ''					